

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32665

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 352

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering		Length of stay in lb one week	d. STREET ADDRESS 1200 Hill Street		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMETT Middle CLARK Last LATHAM			4. DATE OF DEATH Month September Day 7 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1867		9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Reynolds County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME David Lowry Latham			14. MOTHER'S MAIDEN NAME Emaline Arwlin Hillen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	17. INFORMANT Address E.O. Latham Hannibal Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 1 week
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 8:35 P. Month, Day, Year 8-26-57 a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal		COUNTY MO STATE MO	
21. I attended the deceased from 8-26-57 to 9-7-57 and last saw him alive on 9-7-57 Death occurred at 8:35 P. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>(Signature)</i>		22b. ADDRESS Hannibal MO		22c. DATE SIGNED 9-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/10/57		23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	
23d. LOCATION (City, town, or county) Hannibal Missouri		23e. DATE RECD. BY LOCAL REG. 9-14-57		23f. REGISTRAR'S SIGNATURE <i>(Signature)</i>	
24. FUNERAL DIRECTOR <i>(Signature)</i>		24b. ADDRESS Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 9-14-57	

RECEIVED SEP 19 1957
MARION CO. HEALTH DEPT.
DATE FILED SEP 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

W. Crawford Smith

Licensed Embalmer No... 381

P. O. Address. Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.